

**ATTACHMENT #3
FINANCING REQUEST**

Clay County Lease No.: _____

(to be completed by the County Commission Administration – Purchasing Agent/Budget Office)

County Department Name: _____
County Department Address: _____
City, State, Zip _____
County Department Contact: _____
Phone: _____
E-Mail: _____

The (County Department name) hereby requests the ability to acquire (description of product) via operating lease financing through the Clay County's Contract _____ (insert Contract Resolution #).

Detailed Description of Equipment:

Equipment Provider/Contact: _____
Address: _____
City, State, Zip _____
Phone: _____
E-Mail: _____

Method of Acquisition: (e.g. Bid #, Contract #) _____
Equipment Cost: \$ _____
Financing Amount Requested: \$ _____
Lease Term Requested: _____ months
Anticipated Order Date: _____
Anticipated Delivery Date: _____

Requested By:

Signed: _____
Printed Name: _____
Title: _____
County _____
Department Name: _____

IT Department Approval:

Signed: _____
Printed Name: _____
Title: _____

Purchasing Agent Approval:

Signed: _____
Printed Name: _____
Title: _____

**DISCLAIMER
NOTICE:**

Approval of the above shall represent that the County Department request is within the maximum credit limits defined in the contract, within the current appropriation authority of the County Department and that the term does not appear to exceed the useful life of the property leased. In no way shall the approval of the Purchasing Agent result in the Purchasing Agent being a party to the subsequent lease and thereby responsible for any default of the County Department.

Lease Financing Request, cont'd

County Department Required Information:

Date: _____
Term of Lease: _____
Estimated Interest Rate: _____
Reason for Leasing vs.
Outright Purchase: _____

Are there sufficient appropriated funds for the current fiscal year payment requirements? Y N

Is this a new lease or refinance? New Refinance

If refinance provide: lease number, original principal amount, interest rate and term of old lease.

Lease Number: _____ Principal Amount: \$ _____
Interest Rate: _____ Term: _____

My signature below confirms this equipment is necessary for our operations and that the quoted price is fair.

Department/Division Director Approval: _____ Date: _____

This Section to be completed by County Commission Administration – Purchasing Agent/Budget Office

Estimated Payment Amount: \$ _____

Estimated Annual Payment Requirement: \$ _____

Estimated Cumulative Interest over term of Lease \$ _____

Recommendation: Approve Deny

My signature below confirms the financing is reasonable given current market conditions.

Signature: _____ Date: _____

Commissioner's Office:

Approved Denied

Signature: _____ Date: _____